

SERFF Tracking Number:	AEGD-125828789	State:	Arkansas
Filing Company:	Transamerica Life Insurance Co.	State Tracking Number:	40383
Company Tracking Number:	08048		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	TOS370M1008T		
Project Name/Number:	Change of Plan/Conversion Application/08048		

Filing at a Glance

Company: Transamerica Life Insurance Co.

Product Name: TOS370M1008T

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: AEGD-125828789 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: 08048

Co Status:

Author: Craig Hopkins

Date Submitted: 09/23/2008

State Tr Num: 40383

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 10/02/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Change of Plan/Conversion Application

Project Number: 08048

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/02/2008

State Status Changed: 10/02/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 09/23/2008

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Transamerica Life Insurance Company

Home Office: Cedar Rapids, IA 52499

Marketing Office: Los Angeles, CA 90051

Administrative Office: 4333 Edgewood Road N.E.

Cedar Rapids, IA 52499

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September 23, 2008

RE: Transamerica Life Insurance Company

NAIC 468-86231 FEIN: 39-0989781

Form: TOS370M1008T– Change of Plan Option/Conversion Application

Dear Sir/Madam:

Enclosed find the above referenced form for your review and approval.

This is a new will not replace any previous form.

The form submitted does not contain any unusual or controversial items, or provisions that deviate from normal company or industry standards.

The form is used for simple policy conversion situations.

This form will be used with our Life Insurance portfolio which were previously filed and approved.

Thank you for your attention to this filing.

Sincerely,

Craig Hopkins

AFP-Contract Development

Telephone: (213) 742 2409

Email: craig.hopkins@transamerica.com

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Company and Contact

Filing Contact Information

Craig Hopkins, Team Lead - LA Filings	Craig.Hopkins@Transamerica.com
1150 S. Olive St.	(213) 742-2409 [Phone]
Los Angeles, CA 90015	(213) 741-5839[FAX]

Filing Company Information

Transamerica Life Insurance Co.	CoCode: 86231	State of Domicile: Iowa
Contract Development T-03-06	Group Code: 468	Company Type:
1150 S. Olive St.		
Los Angeles, CA 90015	Group Name:	State ID Number:
(213) 742-2241 ext. [Phone]	FEIN Number: 39-0989781	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Co.	\$20.00	09/23/2008	22674388

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/02/2008	10/02/2008

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<i>Project Name/Number:</i>	<i>Change of Plan/Conversion Application/08048</i>		

Disposition

Disposition Date: 10/02/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Readability Certification		Yes
Form	Change of Plan OPTion/Conversion Application		Yes

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Form Schedule

Lead Form Number: TOS370M1008T

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	TOS370M108T	Application/Change of Plan Enrollment Form	OPTion/Conversion Application	Initial		51	TOS370M1008T.pdf



Transamerica Life Insurance Company
Home Office: [4333 Edgewood Road NE
Cedar Rapids, IA 52499]

GA # _____
**Change of Plan Option/
Conversion Application**

Insured: _____ Owner: _____

Insured's Address: _____ Owner's Address: _____

Social Security No.: _____ TIN or Soc. Sec. No.: _____

Birthdate: _____ Sex: ☐ Male ☐ Female E-mail: (Not for Policy/Billing Notices) _____

I WISH TO EXCHANGE MY CURRENT POLICY, NUMBER _____, FOR THE FOLLOWING POLICY:

1. Plan Name: _____ Kind Code: _____

2. Face Amount: _____ New Policy Date: _____

3. ☐ Nicotine ☐ Non-Nicotine (Complete a Nicotine Questionnaire if applicable.)

4. If the Automatic Premium Loan (APL) provision is available, do you want the provision to be in effect? ☐ Yes ☐ No (APL will be in effect unless no is checked.)

5. Riders to be included:

☐ All riders currently allowed under present policy and available for continuance under new plan of insurance.

☐ Only the following riders: (Specify) _____

☐ Do not carry over any riders or options to the new policy.

6. Complete for Flexible Premium Plans:

Required Premium Per Year (RAP) \$ _____

Planned Periodic Premium \$ _____

Plus Initial Lump Sum + \$ _____

Equals Total Initial Payment = \$ _____



* D T 0 5 7 *

7. Mode of Premium Payment: ☐ A ☐ S ☐ Q ☐ M

NOTE: Any premium refund on your current policy will be credited towards the premium due on your new policy.

8. Billing Type: ☐ Direct Collection (Not Available for Monthly)

☐ Pre-Authorized Withdrawal (Quarterly or Monthly only)

9. Unless designated otherwise, any new plan shall have the same beneficiary as the present policy. If a different beneficiary designation is desired, complete the following. (State the full name of the new beneficiary and the beneficiary's relationship to the insured. If more than one beneficiary is designated, then proceeds will be payable equally to the survivors unless otherwise indicated.)

10. Additional Instructions: _____

The notice and consent provisions of IRC sec. 101(j) may apply. These must be met prior to policy issue for death benefits under policies owned by employers and certain related parties to be tax-free. Consult your tax advisor.

Signed at _____ on _____, _____

Signature of Insured

Signature of Witness

Signature of Owner

Address of Witness

PRODUCER: _____ PRODUCER ID#: _____ SHARE %: _____
LAST FIRST UP TO 10 DIGITS

PRODUCER: _____ PRODUCER ID#: _____ SHARE %: _____
LAST FIRST UP TO 10 DIGITS

CASE MANAGER: _____ E-MAIL: _____

TOS370M1008T

APPLICATION (CHANGE)

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Rate Information

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Supporting Document Schedules

	Review Status:	
Satisfied -Name:	Certification/Notice	09/23/2008
Comments:		
Attachment:		
AR compliance certification.pdf		

	Review Status:	
Satisfied -Name:	Readability Certification	09/23/2008
Comments:		
Attachment:		
readability-08048-AR.pdf		

Transamerica Life Insurance Company
Home Office: Cedar Rapids, Iowa

COMPLIANCE CERTIFICATION

Change of Plan Option/Conversion Application:
TOS370M1008T

We certify that, to the best of our knowledge and belief, this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Insurance Division of the State of Arkansas.



Fred Alvarado, Manager
Contract Development

09/23/08
Date



Cheryl Bock, Assistant Vice President
Contract Development

TRANSAMERICA LIFE INSURANCE COMPANY
Home Office: Cedar Rapids, Iowa

CERTIFICATION OF READABILITY

Form Number

TOS370M1008T

Flesch Score

51.4

It is hereby certified that each form listed above meets the minimum reading ease score required by **ARKANSAS**.

The Flesch score was calculated using the text of the entire form. "Text" is as defined by State regulations.

Each form is readable and complies with all applicable state rules and regulations as to size of print, format and arrangement.



Fred Alvarado, Manager
Contract Development

09/23/2008
Date



Cheryl L Bock, Assistant Vice President
Contract Development